

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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13		1				
14		1				
15		1				
16		1				
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18		1				
19		1				
20	1	1				
21		1				
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24		1				
25	1	1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		2				
32		6				
33						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	26					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						